

# Exhibit RR



UNIVERSITY OF SOUTH CAROLINA  
SCHOOL OF MEDICINE  
UNIVERSITY SPECIALTY CLINICS

31 JAN 12

Memorandum of Record

Re: Dr. Afraaz Irani (PGY-2 Orthopaedic Resident)

Dr. Afraaz Irani was placed on Level II Academic Remediation from 15 AUG 11 to 01 DEC 11.

Dr. Irani was placed on Level III Academic Remediation from 09 DEC 11 to 31 JAN 12.

Dr. Irani proceeded thru the Grievance Process in both instances through the DIO appeal level, and his appeal was denied both times. Dr. Irani did not appeal beyond the DIO level. *(unsuccessful appeal to grievance council)*.

It is the recommendation of the faculty of the orthopaedic department that Dr. Irani be placed on Level II Academic Remediation beginning 06 FEB 12 thru 15 JUN 12.

It is our recommendation that the Palmetto Health Academic Remediation plan be instituted. (see attached)

Dr. Irani is also required to attend individual outpatient counseling thru the Palmetto Health E-CARE with Dr. Janice McMeekin or other E-CARE counselor on the schedule recommended by E-CARE. He is responsible for arranging and attending these sessions. The first appointment must occur by 15 FEB 12. He is responsible for providing electronic verification of these sessions within 48 hours to the Program Director.

Dr. Irani will be placed on the Total Joint service with Dr. Frank Voss beginning Monday, 06 FEB 12. He is required to arrange and attend bi-weekly meetings with Dr. Voss to review his performance. He will also arrange and attend monthly meetings with his Program Director to review the progress with his remediation measures.

Dr. Irani will be required to make up all missed call days within the remediation period. He will adhere to all duty hour restrictions per the ACGME guidelines.

Dr. Irani will no longer secretly record any conversation or phone calls.

These recommendations will be reviewed with Dr. Irani on 31 JAN 12 and will be forwarded to the GMEC Executive Committee for review / temporary approval on 01 FEB 12. Review / approval by the GMEC will be on 14 FEB 12.

Handwritten signature of Dr. John Walsh.

Dr. John Walsh  
Chair, Dept of Orthopaedic Surgery

Handwritten signature of Dr. David Koon.

Dr. David Koon  
Program Director

Handwritten signature of Dr. Frank Voss.

Dr. Frank Voss  
Vice-Chair, Dept of  
Orthopaedic Surgery

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## Palmetto Health Academic Remediation

### Personal Data

Resident: Afraaz Irani, MD	Dates of Action: 2/6/12 – 6/15/12
Program: Orthopaedic Surgery	Program Year level: 2
Academic Remediation Action Proposed:	
<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Termination	

### History

### Date

Remediation, Level II	8/15/11 – 12/1/11
Remediation, Level III	12/9/11 – 1/31/12

### Procedures

### Date

Resident informed of recommendation	1/31/12
Projected GMEC Exec. Com. action	2/1/12
Projected date of GMEC action	2/14/12
Projected date of progress reports to GMEC	4/10/12, 6/12/12

### Assessment of factors impacting Dr. Irani's performance:

- Attitude of the resident
- Commitment to lifelong learning and self improvement
- Intellectual honesty with patients, colleagues, and self
- Professional ethical standards

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## Remediation Plan

**Resident:** *Afraaz Irani, MD*

### *Timeline*

Dates of Action: 2/6/12 – 6/15/12
GMEC Executive Committee Temporary Action date: 2/1/12
Projected GMEC Action date: 2/14/12
GMEC Progress report(s) on: 4/10/12, 6/12/12

### *Remediation plan for each competency not being met*

Competencies not being met	Remediation Plan	Evaluation Tools
<b>Patient Care:</b> IV.A.5.a).(6).(a) communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families; IV.A.5.a).(6).(c) make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment; IV.A.5.a).(6).(d) develop and carry out patient management plans	Display empathy and compassion in all patient encounters. Discuss injuries with patients and families in laymen terms. Follow patient care plan set out by attending and/or senior resident. If plan needs to be altered in any way, inform attending and/or senior resident immediately of changes to patient care plan. Read and prepare appropriately for clinics and operative cases. Discuss all cases preoperatively with attending. Discuss every consult/patient/phone call taken while on call with chief resident. Check out immediately if urgent; check out the next morning if not urgent. Orthopaedic consults: See patient. Evaluate patient. Order appropriate imaging and/or other studies as indicated. Provide timely and appropriate management to patients, including pain management. Obtain consents when necessary, mark patient when necessary, prepare patient for OR when necessary. Devise appropriate plan of action for care.	Direct observation and feedback from faculty, attending(s), nurses, peers, and patients  Review of patient outcomes

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	Then call senior resident or attending.	
<u>Medical Knowledge:</u> IV.A.5.b) Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.	Read all assigned articles/chapters for conference. Be prepared to have interactive discussion/answer questions based on the assigned reading. When on call over weekend, be prepared and present patients at fracture conference. Be prepared to discuss fracture classification, treatment options, outcomes, etc.	Direct observation and feedback from faculty, attending(s), and peers
<u>Systems Based Practice:</u> IV.A.5.c).(1) identify strengths, deficiencies, and limits in one's knowledge and expertise	Respond to constructive criticism in an appropriate and professional way. Admit and apologize for mistakes and be willing to endorse personal flaws. Take immediate action to correct deficiencies.	Direct observation by program director and faculty
<u>Interpersonal and Communication Skills:</u> IV.A.5.d).(1) communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; IV.A.5.d).(2) communicate effectively with physicians, other health professionals, and health related agencies; IV.A.5.d).(3) work effectively as a member or leader of a health care team or other professional group	Morning list ready by specified time daily set by chief resident. List includes up to date labs, vitals, patient plans, antibiotics, UOP, drain output, etc. All assigned patients appropriately rounded on before morning conference. Present to conference room by 6:25am every morning. Report to OR and/or clinic immediately after conference is concluded. Be on time to all assigned outpatient clinics. Check out every day at the end of the day with chief resident regarding inpatients. Communicate clearly and effectively with attending, ancillary staff, peers and families. Respond appropriately to text messages and emails in a timely fashion. Perform postoperative checks on all patients operated on, or needing postoperative checks at end of day. Perform discharge or transfer summaries in a timely fashion, including patients as instructed by chief resident and/or attending, regardless of your involvement in the patient's care. Perform other duties as assigned by	Direct observation and feedback from faculty, attending(s), nurses, peers, and patients

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	<p>attending / senior resident with a good attitude.</p> <p>If holding call pager during day, keep attending informed on whereabouts when seeing consults/attending to call issues.</p> <p>Return phone calls, pages in timely fashion.</p> <p>Work effectively and efficiently within the patient care team, including nurses and ancillary staff.</p>	
<p><u>Professionalism:</u> IV.A.5.e).(6) commitment to excellence and ongoing professional development</p>	Commit to immediate and sustained improvement in all areas listed above.	Direct observation by attending(s) and faculty
<p><u>Practice Based Learning and Improvement:</u></p>		


***Additional remediation requirements***

Standards of Behavior	<p>Dr. Irani to review and adhere to Palmetto Health's Standards of Behavior – available at  <a href="http://residency.palmettohealth.org/documents/Graduate%20Medical%20Education/Resident%20Manual%202011-2012.pdf">http://residency.palmettohealth.org/documents/Graduate%20Medical%20Education/Resident%20Manual%202011-2012.pdf</a></p>
Counseling support	<p>Dr. Irani to arrange counseling sessions through PH's E-Care program; to attend sessions on schedule recommended by E-Care counselor; to provide recommended schedule of sessions to Program Director; and to provide electronic verification of attendance at each session to Program Director within 48 hours of each session.</p>

***Feedback on remediation progress***

Attending feedback	Formative feedback provided by attending(s) twice per month. Dr. Irani to arrange times with attending(s).
Program Director feedback	Monthly feedback sessions with Program Director. Dr. Irani to arrange times with program Director.

**Program Director signature and date:**

 5/1 Jan 12

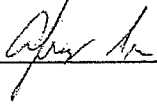
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**Resident verification:** I have reviewed and discussed the contents of this form with my program director and understand that immediate and sustained improvement is required. Failure to correct the deficiencies noted above may result in further action up to, and including, dismissal from the residency program. I know where to get a copy of the Palmetto Health Grievance and Due Process Policy from the Palmetto Health web site at <http://residency.palmettohealth.org/documents/Graduate%20Medical%20Education/Resident%20Manual%202011-2012.pdf>

**Resident signature and date:**

 2/1/12

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